

Columbus Indiana

PERSONNEL DEPARTMENT



Columbus Personnel Department

123 Washington Street • Columbus, IN 47201 • (812) 376-2570 Phone • (812) 376-2579 Fax
(812) 375-2720 TDD
Office Open 8:00a.m. to 5:00p.m. Monday thru Friday

Civilian Job Application

Print & Mail this form

Name:			
	Last	First	M.I.
Address:			
	City	State	Zip
	Day Phone	Evening Phone	
	Social Security Number	Email	

General Information

Are you 18 years or older? Yes No

If no, state age: _____

What type of Drivers License do you hold? Operators Commercial Other

Have you ever been employed by the City of Columbus? Yes No

If Yes, state location and date: _____

Have you ever pled guilty to or been convicted of a felony? Yes No

If Yes, please explain *(Note: this answer will be considered only as it relates to fitness to perform the job):*

Are you seeking work: Full-time Part-time Temporary

Position(s) sought: _____

If not applying for specific position, indicate other preferred job(check one box):

Officials & Administrators

Technician

Clerical/Office

Laborer

Professional

Para-Professional

Skilled Craft

Education

School	Name & Location	Circle Last Year Completed	Major	Did you graduate?
Grade School		1 2 3 4 5 6 7 8		Yes No
High School		9 10 11 12		Yes No
Technical		1 2		Yes No
College		1 2 3 4		Yes No
Other				

Other education related information: _____

Military Data

Dates of Service: From: _____ To: _____

Employment History

Most Recent experience first-Include **ALL** employers for the past four years. Explain any gaps in employment.

1. Company Name

Telephone No.

Address

Supervisor's Name & Title

Date Started

Date Left

Wage

Reason for Leaving

2. Company Name

Telephone No.

Address

Supervisor's Name & Title

Date Started

Date Left

Wage

Reason for Leaving

3. Company Name

Telephone No.

Address

Supervisor's Name & Title

Date Started

Date Left

Wage

Reason for Leaving

4. Company Name

Telephone No.

Address

Supervisor's Name & Title

Date Started

Date Left

Wage

Reason for Leaving

May we contact the employers listed above? Yes No

Personal References

Please List three individuals who are not related to you, do not live with you, and have known you for three years.

Name	Address	Phone	Relationship	How long have you known this person?

Additional Information

The City has a policy on nepotism.

Do you have any relatives employed by the City? Yes No

If yes, give name and location at which employed:

Can you show proof of eligibility to work in the U.S.? Yes No

If offered employment with the City, you will be required, by federal law, to furnish documents showing you are eligible to work in the US Individuals who do not furnish these documents cannot work for the City.

I authorize anyone who request is made to supply the City any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the City and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand that this application for employment is not a contract of employment.

The City of Columbus has a policy on residency. As applicable with local ordinance and State Law, I understand that if offered employment with the City, I will be required to establish residency within a county contiguous to Bartholomew County within six months.

Date: _____

Signature: _____

To Applicant

Completion of the following section is voluntary on your behalf and will be used only to maintain statistical reports which are required by the government. This section will be detached and filed separately from your application and not considered by us for making any employment decision.

Race	Sex	Age	Vietnam Era Veteran	Disabled
Caucasian	Male	Under 16	Yes	Yes
Black	Female	16-39	No	No
Hispanic		40-70		
Asian or Pacific Islander				
American Indian or Alaskan Native				

Additional Information and Sign-Off

Effective July 1, 1997, the state of Indiana implemented the Indiana Driver Privacy Protection Act. Under this statute, disclosure of personal information by the Indiana Bureau of Motor Vehicles is strictly limited. By signing below, you authorize the city to make the necessary requests of the Indiana Bureau of Motor Vehicles.

The information will only be used as necessary for the City of Columbus to carry out it's functions.

Date: _____

Signature: _____

Social Security Number: _____

Developed By

 Webmaster

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